

## The Missing Link in the Chain: Perspectives from the Grassroots Charity Sector on Supporting Wellbeing in Older Migrants

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### Abstract

*As the migrant workers of the 1960s and 1970s age in place, many countries are facing caring for increasing numbers of older migrants, many of whom have complex health and social care needs. By applying a qualitative case study approach, of a grassroots disability resource centre that works with older migrants, this paper critically explores the social policy debates that are focused on older migrants in the Black and Minority Ethnic (BME) community. A number of themes have emerged, including the impact of changing family structure, difficulties with accessing services and increased isolation. In addition, there are also examples of older migrants actively engaged in building communities and supporting others, defying the stereotypes of vulnerable older migrants being a burden on the state. This paper argues for politicians and social policy makers to refocus on the new challenges that are emerging in the older migrants of the BME community.*

**Keywords:** Aging, Charity, Older Migrants, Pukar, Social Care

### 1. Introduction

Ethnic diversity has become a defining feature of British society. Since the Second World War, the demographic profile of British society has become increasingly more complex and diverse. Although British society is still predominately white, the arrival of people from countries in the former British colonies, countries in the European Union and countries bordering it, has made British society more culturally, socially and economically diverse. Over recent years in the United Kingdom (UK), the debate on migration has intensified the political debate. Discourse on migration has duly centered on the net contribution a migrant effect has living in the UK (Smith, 2008). There has been a negative focus on migrants and, in the 2016 EU Referendum, it has been acknowledged that one of the reasons voters in the

UK decided to leave the European Union was the negative portrayal of migrants (Goodwin and Heath, 2016). The political right, embodied in the UK Independence Party (UKIP) have long argued that migrants have brought extra social and economic pressures on the state (Startin, 2015; Kaufmann, 2014; Hickman, et al., 2008). Moreover, UKIP have tended to fail to recognise the complexities of why people migrate. Castles and Miller (2003, p. 21) have stated that:

"The concept of the migratory process sums up the complex sets of factors and interactions which lead to international migration and influences its course. Migration is a process which affects every dimension of social existence, and which develops its own complex dynamics."

At the heart of a country is the state and since the second world war, the UK has had the welfare state. Introduced in 1945, the welfare state is a concept that helps and supports the economic and social wellbeing of its citizens. Due to the increased level of population, over the last 20 years the welfare state has sustained new social and economic pressures. The cause of this pressure is population aging. This demographic trend is also common across the European Union (Ciobanu, et al., 2016; Warnes, et al., 2004). For example, work carried out by Cook and Halsall notes that 'Old people are viewed as expensive to maintain, particularly once they live beyond a specific age, usually regarded as 80 or 85' (2012, p. 6). The aim of this paper is to critically explore the social and economic challenges facing older migrants living in the UK. To meet this aim the paper has four sections. First, the authors provide a critical overview of the issues and debates on older migrants, vulnerability and institutional support. Second, the paper briefly discusses the methodology that has been applied to this research. Third, the geographical case study of Lancashire is introduced, in terms of demography, health and social care and economic factors. Finally, the paper presents an appraisal of older migrants' support in the charity sector. In this paper the authors have used the terms older migrants and Black and Minority Ethnic (BME) group. Both these terms are commonly used in the social science discipline and at a social policy level.

## **2. Older Migrants and Circulations of Care**

As the labour migrants that arrived in many European countries in the 1960s and 1970s reach retirement age and 'age in place', rather than returning to their home countries, there has been a rapid expansion of research concerning older migrants in Europe (Pazelt, 2016). Early research in this area recognised the great diversity of older migrants and prompted the creation of typologies of migrants based on their needs and expectations (Warnes, et al., 2004). Older migrants were classified into groups, ranging from some of the most deprived and socially excluded people in Europe, to some of the most affluent, "amenity seeking" retirees who migrate south in search of warmer climes. However, as Ciobanu, et al. (2016) point out, even as it draws attention to the diversity present in migrants across the continent, this approach masks variations within each group. Recent work has also sought to bring together the theoretical advances in both ethnicity studies and gerontology in terms of recognising the diversity of experiences within groups, and the complexity and fluidity of concepts associated with culture, ethnicity, age and aging (Zubair and Norris, 2015). In particular is a move to challenge research that uses essentialist and structuralist conceptions of 'culturally static and homogenous "others"' (Zubair and Norris, 2015, p. 900; Torres, 2006; Owens & Randhawa, 2004).

Notwithstanding the move to recognise intra-group variation, much of the literature on older migrants has pointed out that older migrants are likely to face "cumulative vulnerabilities" and a "double jeopardy" whilst aging (see Palmberger 2016, p. 2 for a review). As Warnes, et al. point out, all migrants 'to a greater or lesser extent are disadvantaged through an interaction

between social policies and their “otherness” by living in a foreign country’ (2004, p. 307). When it comes to aging, in addition to the loss of health, mobility and loved ones that comes with later life, migrants may also face constraints on social activities such as discrimination, cultural clashes or lack of proficiency in the host language, in some cases due to a loss of language associated with diminishing mental capacity (Ciobanu and Fokkema, 2016; Pazelt, 2016). Research has shown that older migrants are more likely to be lonelier than their native peers (Fokkema and Naderi, 2013; Victor, Burholt and Martin, 2012; Ip, et al., 2007) and are also more likely to suffer from depression (Aichberger, et al., 2010; Molsa, et al., 2014). However, this focus on the deficiencies and disadvantages faced by older migrants has been criticised as a tendency to view the aging migrant population as a ‘social problem’ (Torres, 2006).

Recent research, however, has shown that older migrants can have social networks and individual resources that help them to negotiate and overcome the vulnerabilities they may face (Ciobanu, et al., 2016; Pazelt, 2016). Aging well for migrants has been explored by a number of studies, and appears to be influenced by factors such as strong family networks and social embeddedness (Palmberger, 2016; Pazelt, 2016; Ip, et al., 2007), and the degrees to which migrants are ‘able to mobilise resources and enact agency even in an environment where some aspects of life and working conditions are restrictive and exploitative’ (Lulle and King, 2015, p. 444). A number of recent studies of the social embeddedness of older migrants has shown that many have active lives in the community, participate in religious and cultural activities, and contribute to caring for their children and grandchildren (Palmberger, 2016; Ciobanu and Fokkema, 2016; Pazelt, 2016; Lulle and King, 2016; Ali, 2015). For those who migrate in later life, migrating itself can be a way to defy negative perceptions of aging and the elderly and bring empowerment (Lulle and King, 2016). In addition, Ali’s study of South Asian migrant women in the UK found that aging for some brought an opportunity to be a ‘revered agent’, respected for their knowledge and skills, such as language, religion and culture, and in demand to teach these to the younger generation (2015, p. 207).

A number of studies have found that the family is central in providing care and support in old age for both migrants and non-migrants (Victor, et al., 2012; Karl, et al., 2016; Willis, et al., 2016). However, Warnes, et al. (2004) point out that migration itself may sever the connections to these networks. For example, the mostly male Chinese migrants who work in the takeaway catering trade often work long, anti-social hours and have low rates of marriage and weak social networks both in China and in their host countries (Chiu and Yu, 2001). For migrants who do have a family network, Bordone and deValk (2016) found that overall more support is exchanged in migrant families than in host populations in Europe. Combined with stereotypes of cultural traditions among certain groups of migrants, such as filial piety in Chinese families (Ip, et al., 2007, p. 723), and the extended family networks of other Asian groups (Palmberger 2016), the trend for strong intergenerational support had led to the (mis)conception that migrants ‘care for their own’ (Bolzman and Vagni, 2016, p. 3; Ip, et al., 2007, p. 723) and that the family functions as an “ethnic resource” for migrants (Palmberger, 2016, p. 2; Owens and Randhawa, 2004).

There is increasing criticism of the assumption of “caring for their own”, as examples have recently come to light of the neglect of ethnic minority elders by care services presuming that social care will be provided by the family (Willis, et al., 2016). As Palmberger points out, ‘such a picture of family solidarity first and foremost provides policy makers with a good excuse to delay far-reaching reforms that would eventually reduce institutionalized forms of discrimination, particularly in regard to later life care’ (2016, p. 12). In addition, there is growing evidence of cultures “in transition” as younger generations in both Europe and Asia juggle work and family lives and increasingly live apart from their parents (Willis, et al., 2016, p. 1381; Owens and Randhawa, 2004). It is not only that older people are often cared for by

the younger generation, older people may wish to continue provide care for their children and grandchildren into old age. Ali (2015) found examples of the “dismissed agency” of older South Asian Migrant women, when the younger generation defy the traditional arrangement of wives living with their husband’s parents, leaving the mother-in-law feeling redundant in old age.

The complexities of teasing out who cares for whom in migrant and transnational families has led to the development of the concept of ‘care circulation’, which is defined as ‘the reciprocal, multi-directional and asymmetrical exchange of care that fluctuates over the life course within transnational family networks subject to the political, economic, cultural and social contexts of both sending and receiving societies’ (Baldassar and Merla 2014, p. 22). Migrants may have to care for parents left behind, but there have also been studies that have shown that parents in the country of origin also provide emotional support and care for their children as ‘moral advisors, financial providers and socialisation agents in their descendents upbringing’ (Zickgraf, 2016, p. 12-13). It is clear that with modern communications and travel, ‘care can be accessed in multiple locations and caregiving does not require geographical proximity’ (Baldassar, 2007 cited in Ciobanu, et al., 2016, p. 8). The parents of migrants have been termed the ‘zero generation’ (Nedelcu, 2009 cited in Zickgraf, 2016, p. 2) and may follow their children, provide long distance care (Horn, 2016), or travel back and forth as ‘transnational flying grannies’ or ‘swallows’ (Horn, 2016, p. 3). However, for those that follow their children and move permanently to the host country, being busy with the grandchildren and domestic chores can lead to a lack of time to build their own social networks (Ciobanu and Fokkema, 2016; Ip, et al., 2007).

Karl, et al. (2016) found that older migrants consider returning to their host country at the point of retirement and then again when needing round-the-clock care (Liversage and Mirdal, 2016). Some research has indicated that migrants underuse public care services (Boltzman, et al., 2004; Giebel, et al., 2016) due to a lack of knowledge about what is available (Ip, et al., 2007; Willis, et al., 2016) as well as stigma around certain conditions, such as dementia and Alzheimer’s (Li, et al., 2014; Giebel, et al., 2016). However, in a study of older migrants in Switzerland, Boltzman and Vagni (2016) found that migrants were as likely as the host population to use public care services. In addition, migrants may decide to stay in the host country as the care services are better than those in their country of origin (Boltzman, Fibbi and Vial, 2006).

Many studies have reported specific issues with care services for older migrants such as a lack of interpreter services (Li, et al., 2014; Ip, et al., 2007; Willis, et al., 2016) and a lack of training in staff (Warnes, et al., 2004). In fact, people from ethnic minority groups in the UK are less satisfied with social care services than the White British population (Willis, et al., 2016). Older migrants report wishing for more culturally sensitive institutional care, such as catering for specific diets or religious observations (Palmberger, 2016, Karl, et al., 2016, p. 10; Li, et al., 2014). Willis, et al. (2016) reported some good examples of care that met the religious needs of South Asian participants, but Payne, et al. found that the lack of Chinese food available in hospitals was a ‘major barrier’ (2008, p. 508) to hospital admission for older Chinese people. In addition, language barriers may inhibit socialising at daycare centres or clubs (Willis, et al., 2016), and even with a common language, opportunities to reminisce about the “good old days” are not possible in settings where there are no other residents with similar experiences or culture (Palmberger, 2016; Pazelt, 2016).

### **3. Methodology**

Qualitative theorising has been used as part of this research. Cook, et al. (2010) have defined qualitative theorising as a theoretical approach to make sense of an ever-changing globalised world. The authors have previously used this methodology in other pieces of

social research (Khan and Halsall, 2016; Cook, et al., 2015). This research has used two methods to compile the case: (1) Documentary Data Sources (e.g. Policy Documents, Web Resources) and (2) qualitative interviews. Thematic analysis was used to analyse the data collected. Themes are discussed in light of the literature and summaries of older migrants' experiences, using pseudonyms, have been used as illustrative case studies.

#### **4. Background to the Case: A Profile of Lancashire**

The 2011 census's usual resident population figure for the Lancashire-14 area was 1,460,900. This represented an increase of 46,200 people or a population growth rate of 3.3% since the last census in 2001. That was well below the England and Wales increase of 7.8%. Asian/Asian British was the largest minority ethnic group in both Lancashire-12 and Lancashire-14. In Lancashire-14, there were almost 115,000 Asian/Asian British people, and just over 71,000 in Lancashire-12. It should be noted that this group now includes Chinese people, whereas in 2001 they were in the "other" ethnic group. The second largest minority ethnic group was mixed race. There were 16,300 mixed race people across Lancashire-14 and almost 13,000 mixed race people lived in Lancashire-12. The black/black British population numbered 5,377 in Lancashire-1, and just over 4,000 in Lancashire-12.

According to Lancashire County Council (2016) the population aged 75 and over will increase by 82.8% by 2039. Long-term conditions are more prevalent in older people (58% of people over 60 compared to 14% under 40) and in more deprived groups (people in the poorest social class have a 60% higher prevalence than those in the richest social class and 30% more severity of disease).

1 in 5 people in Lancashire reported having long term illness, however disability organisations have estimated 1 in 4 people suffer from long-term illness or disability (Trotter, 2012; Census 2011). A substantially higher proportion of individuals who live with families with disabled members live in poverty, compared to individuals who live in families where no one is disabled. 20% of individuals in families with at least one disabled member live in relative income poverty, on a "before housing costs" basis, compared to 16% of individuals in families with no disabled member (Lancashire County Council, 2016). People from BME groups also experience higher rates of some chronic illnesses. For example, type 2 diabetes is six times higher in South Asian population, (Diabetes UK) and Cardiovascular heart disease is higher amongst BME groups (British Heart Foundation).

The health of adults in the county is mixed; prevalence and incidence rates for cancer, cardiovascular disease and liver disease are all above national rates (although this may be indicative of effective screening in some districts) and residents in the more deprived areas of Lancashire tend to have higher levels of premature and overall mortality from these conditions (Lancashire County Council, 2016). Physical activity levels for adults are also low. Residents in the most deprived areas of Lancashire are nearly twice as likely to have mental health problems compared to those in the least deprived areas. This includes common mental health issues such as depression and anxiety, and more severe disorders such as schizophrenia. The BME population, including recent migrants, live in predominantly social deprived areas.

Adult social care is an important function of the county council, particularly with the expected rise in the older population. There are many factors that can influence whether an individual accesses social care, including living arrangements and health status. In Lancashire, more people aged over 65 live alone compared to the average for England, and people in Lancashire are more likely to have a limiting long-term illness or disability requiring adult care services; this is a figure that is likely to increase. There are higher numbers of people providing unpaid care in Lancashire. This is expected to increase as more people with

complex social and healthcare needs require support in the future (Lancashire County Council, 2016). Older migrants figures are unavailable, for example, numbers living alone (Projecting Older People Population Information, 2012). 1 in 20 older people in Great Britain spend long hours caring for sick family members. There are an estimated 25,987 people in Lancashire over the age of 65 providing unpaid care to a partner, family member or other person. By 2030 this number will have risen by an estimated 33% to 34,582 (Projecting Older People Population Information, 2012). There is some evidence of increasing numbers of unpaid carers from BME communities; in particular, increased numbers of older migrants looking after grandchildren, whilst one or both parents are working (Department of Health, 2008, p. 3). Furthermore, healthcare and changes in society mean that we are living longer, and as communities become more diverse, the challenges of supporting that diversity become more apparent.

## 5. Pukar: Supporting BME Older People in Central Lancashire

*'Organisations like Pukar take time to listen to the issues. Pukar staff explain it back slowly to us elderly people in a way we can understand.'* Service User

Pukar is a registered charity with the Charities Commission in the UK. Service users of Pukar include previous and recent migrants, as well as people with long-term illness and disabilities. The service users live in deprived wards and most are from social classes c, d and e. The prevalence of disease is much higher in these groups from anecdotal evidence and from several studies. According to Age UK (2010) the issues for older BME communities are heavily interlinked with identity and are often compounded due to poor access to services for a variety of reasons, including: language barriers, lack of awareness or information, social isolation, lack of culturally sensitive services and negative attitudes towards some communities. A large number of unpaid carers are also included amongst those that are supported. As reported by the Runnymede Trust and the Centre for Policy on Ageing a large numbers of unpaid carers are also included amongst those that are supported (Lievesley, 2010). Pukar works predominantly with people from South Asian backgrounds, including those from India, Pakistan and Bangladesh, who were migrants to the UK in the late 1950s and early 1960s and 1970s. Older people accessing Pukar predominantly worked previously in Lancashire in the cotton industry and other factories, including textile, public transport, catering and self-employment, when they originally migrated. Over 80 per cent expected to return to their home countries after earning sufficient income. When they first arrived, however, Lancashire became their place of residence. Younger communities that have come to the UK from Poland and Eastern Europe more recently (since 2000) are likely to have increased health and social care needs in the future. A study by Stevenson and Rao (2014) examines perceptions of wellbeing and finds differences between first and second generations. The study shows that the concept of wellbeing is more recent and subjective; first generations are seen as submissive whereas second and third generations are more likely to feel disconnected from both the country of their heritage and the UK.

Pukar has seen an increase of approximately 20 per cent more people over 55 years of age from BME communities, making use of services in 2015 and 2016. These services include information and advice, support required with form filling, assessments, advocacy, referrals, improving levels of basic skills, support with seeking employment, as well as dealing with correspondence. People have also been referred to the service when they require support with languages and those that have long-term illnesses as well as people who care for a friend or family member. Pukar identifies new carers every week and it emerges that most of them looking after older members of their families have little time to look after their own needs, suffer from ill health, and, without their support, older migrants may need costly health and social care support. Some of the activities at Pukar are designed to enable carers to have a short time for themselves away from their vital caring role. According to Carers

UK(2017) this is important for carers to have time for themselves. There are several Luncheon clubs organised by other voluntary sector groups that have been popular with older BME people to access as an opportunity to socialise.

## 6. Themes from the Work of Pukar with Older Migrants

**Changing family structures:** Many families are less reliant on wider family members for support (Putting People First, 2007) and, as mentioned earlier, traditional family structures are changing for some families that migrated to the UK (Willis, et al., 2016; Owens and Randhawa, 2004) and this is borne out in the experiences of service users at Pukar. Despite living for several decades in the UK, and also having family members in the area, many older migrants are not claiming welfare benefits they are entitled to or do not know about how to access social care services to support them with the tasks of daily living (See Case Study 1). This trend has also been found in a number of previous studies of migrants in a variety of host countries (Bolzan, et al., 2004; Giebel, et al., 2016; Ip, et al., 2007; Willis, et al., 2016).

### Case Study 1: Mr and Mrs Ahmed, social care needs for older people with working families

Mr and Mrs Ahmed both have long-term health conditions, and they were referred to Pukar from a service provider who was concerned about their wellbeing. They both migrated to the UK in the 1960s and Mr Ahmed was working long-term unsociable hours within the textile industry before he became ill. Their wider family members are all working and they cannot always provide the support that is required, including cooking, cleaning and recreation activities and wider support. Mr and Mrs Ahmed receive some low-level essential support with occasional hospital visits. Some support is provided from social care with cooking and cleaning but they would have been unable to access aids and adaptations, referrals, language support, and assessments without the support from Pukar. Without the initial intervention, outreach, including home visits and contact with BME communities, and providing language support, choice and control would be limited for this family. Continuing challenges for the couple are that they do not travel on their own independently as their health is fragile, and they are also fully dependent on social care for daily tasks.

**Access to services:** The drivers of wellbeing are complex; however, effects on wellbeing can include inequalities in health, race and disability and lack of role within the family and low family support are trends amongst many BME service users from Pukar. In a similar manner found in Giebel, et al. (2016), it emerged that many service users with ill-health predominantly had contact with their General Practitioners to manage their medical needs for their physical health conditions. However, many also needed support to access health and social care services from other statutory and voluntary organisations. Initial contact with social care required referrals from Pukar to social workers as well as language support staff to interpret support plans. It was found that if people with language needs were not supported by staff, they would be unable to access social care services, which would leave people without support. It was pertinent to have staff with language skills to support with navigation around the social care system. Many people with a disability and carers from BME communities are excluded from mainstream services as the assistance does not meet specific social care needs (see Case Study 2).

### **Case study 2: Mr Khan, a retired migrant worker with complex health needs**

Mr Khan is a 65-year-old gentleman who came to the UK in the 1980s and his wife and children live in North Africa. He has always worked whilst living in the UK and returns for short periods to his birth place. He lives on his own in poor housing, and he has a number of health conditions including diabetes, stroke, and depression, that require both health and social care support. Pukar staff found he was frustrated, did not attend his GP regularly, was unable to express himself, and had no family support. Pukar staff supported him with arranging and accompanying him to appointments as he had slurred speech and was not easily understood. He would get frustrated and would walk away if he was rushed at reception or not understood. Pukar referred him to a number of services including older people's organisations, a stroke association and a diabetes service. He was also able to access some support from voluntary sector organisations and social services. When he requires support with letters and correspondence he attends the Pukar drop in service available every day at the centre. Pukar staff are able to read documents, help him with form filling and support him with referrals and dealing with correspondence. He feels more confident about the medical care he receives and is able to make more informed choices about his health and social care.

**Increased isolation:** Isolation and loneliness are key concerns for older people, particularly those who live alone and those who are dependent on others. Furthermore, in concordance with the literature (Fokkema and Naderi, 2013; Victor, et al., 2012; Ip, et al., 2007) the experience of Pukar shows that the impact of isolation on older people whose first language is not English coupled with disability is greater than for native speakers. One of the recent projects Pukar undertook was with older people who were isolated, who migrated to the UK in the 1960s. These people were in their 60s and 70s and wanted to remember "the good old times". This is an important theme for many people at retirement age and a number of studies have found that migrants have fewer opportunities to do this than people from the host population (Palmerberg, 2016; Pazelt, 2016).

At Pukar, older migrants were brought together for a health information event, which also included a film screening and discussion about things remembered from childhood. The participants talked passionately about their past experiences and memories of migrating, including mostly positive observations about their interactions with local communities. It was found that people wanted to meet socially to discuss common interests and share food as well as to listen to speakers giving information. The key themes that emerged from the gathering was the need to feel a sense of belonging with peers as well as a need for further work on arranging social gatherings that were the vehicles of expression (see Case Study 3). However, in practice, resources are limited for such projects, as usually numbers are low and it is not always straightforward to gather quantitative data on the impact of such projects on health outcomes.



### **Case Study 3: Mr Begum, an older migrant with mental health and wellbeing needs**

A 60-year-old gentleman, who was employed full time with a good income from working many hours per week, developed a number of physical illnesses that have left him with a disability. Mr Begum was unable to work and his mood became very low; he became alcohol dependant and he suffered from depression. His depression had an impact on his wife and son and he accrued debts of over £9000. Pukar supported him through home visits and initial assessments and found he need substantial support including support for his mental and physical health, interpreting and support for his wife and son. Pukar arranged an assessment, and agreed to joint visits with social services for wellbeing support and translation. Throughout this process, Mr Begum has regularly cited his work ethic and his desire to continue to support rather than be supported.

Mr Begum now receives support at home and has given up drinking. His wife is receiving support as a carer and they are due to relocate to a more suitable house. He is also receiving mental health support and debt advice and his debt has now been written off. Pukar provides support with filling forms and ascertaining the correct welfare benefits and entitlements for his disability. Pukar continues to provide support. His wellbeing has substantially improved; he is able to use the mobility aids and attend appointments through patient transport. His wife is able to participate in short courses including English, IT and creative workshops. Feedback has indicated that the whole family has benefited from direct work, language and advocacy support. Without support from Pukar, Mr Begum would have ended up in crisis, possibly costing substantial resources.

**Defying stereotypes:** Throughout the work of Pukar are examples of older migrants defying stereotypes as vulnerable people and working tirelessly to build communities and actively support others. This is also an important theme in the literature as studies have shown that active lives can empower older people and contribute to “aging well” (Palmer, 2016; Ciobanu and Fokema, 2016; Pazelt, 2016; Lulle and King, 2016; Ali, 2015). Migrants from diverse communities have integrated, contributed to local services, supported the development of services, and built community, voluntary and faith organisations that have been integral assets that continue to support diverse people of all ages and cultures. At Pukar, a number of stories from volunteers showed that migrants that were educated and were proficient in English were able to integrate and support other community members, and make a valuable contribution in later life (see Case Study 4).

#### Case Study 4: Mr and Mrs Amirat, active agents in the community



Mr. Mahmud. Amirat, BSc-Social Science (Open)Eng.

Aged 80: Graduated on 10 June 2016: Degree awarded by the University Vice Chancellor 'Open University' at Bridgewater House. Manchester.

Mr Amirat, a recent graduate in BSc Social Science from Manchester University is an 80-year-old gentleman who speaks five languages; he has been and still is a pillar of the local community. He is a regular champion of promoting diversity. He always raises needs of marginalised groups at meetings that he regularly attends as a trustee of several organisations, including disability organisations, older peoples' forum, Gujarat Muslim Society, Muslim Forum, and Community Network. He is also an active organiser of literature and poetry events. Mr Amirat champions learning and education to diverse groups and is a role model. Mr Amirat was a local businessman who has been able to use his skills to champion local causes. His contribution, energy and passion overcome any illness and isolation as he opens his diary to pencil in another engagement to attend. He always gives time to discuss issues affecting community.

Mrs Amirat is also an active member of the community. Mrs Amirat was educated in India where she studied English. Mrs Amirat has been a volunteer with Pukar for over 14 years. As a long standing volunteer she is known at Pukar as "the queen of volunteers". Her efforts at Pukar are appreciated and valued. Mrs Amirat is always present when requested for support with the charity; she works tirelessly. The contribution and work of both Mr and Mrs Amirat is displayed and documented.

## 7. Conclusion

Older migrants will continue to increase both in numbers with and in their health and social care needs. Older migrants have contributed to an economy that thrived and made impact on wealth. Many older migrants undertook jobs that local people were not willing to undertake. Challenges are emerging with changing family trends that will continue to impact upon older migrants. Mainstream services could have a vital role in enabling quality of support by understanding and responding to cultural and religious needs of older migrants. It is imperative that decisions concerning the planning and delivery of services for BME older people should reflect and respond to local demography, and should be based on direct consultation and a clear assessment of their specific needs for public services and support. As a recent report by the Runnymede Trust and the Centre for Policy on Ageing estimates that by 2051 there will be 4 million BME people of pensionable age, and 3 million over the age of 70. There will be a variety of complex effects caused by this demographic shift. In terms of the disabled population, the key point is that old age is linked to higher rates of impairment so, simply put, as the population grows older the rate of impairment will increase (Lievesley, 2010).

Community development, voluntary and faith sector, and grassroots organisations will continue to have a key role in understanding and responding to cultural needs of the BME population, particularly those with long-term illness and disability, and those that care for people. Many of these organisations are first points of contacts for BME elders and their families. It is imperative that frontline organisations are supported and that capacity building is available to them. Further research on specific areas would be beneficial in understanding specific needs of older migrants as the 1960s and 1970s generation of migrants begins to make an impact.

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## References

- Age UK. (2010). 'Fit as a Fiddle: Engaging faith and BME Communities in Activities for Wellbeing [online]', Available at: <[http://www.ageuk.org.uk/Documents/EN\\_GB/FaithGood%20Practice%20GuideWEB.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN_GB/FaithGood%20Practice%20GuideWEB.pdf?dtrk=true)> (Accessed 14<sup>th</sup> February 2017).
- Aichberger, M. C., Schouler-Ocak, M., Mundt, A., Busch, M. A., Nickels, E., Heimann, H. M., Strohle, A., Reischies, F.M., Heinz, A. and Rapp, M. A. (2010). 'Depression in Middle-Aged and Older First Generation Migrants in Europe: Results from the Survey of Health, Ageing and Retirement in Europe (SHARE)', *European Psychiatry*, Vol. 25(8), pp. 468-75.
- Ali, N. R. (2015). *Exploring Older South Asian Migrant (SAM) Women's Experiences of Old Age and Ageing*, Retrieved from <http://eprints.hud.ac.uk/26609/>
- Baldassar, L. (2007). Transnational Families and Aged Care: The Mobility of Care and the Migrancy of Ageing, *Journal of Ethnic and Migration Studies*, Vol. 33(2), pp. 275-97.
- Baldassar, L. and Merla, L. (Eds.) (2014). *Transnational Families, Migration and the Circulation of Care: Understanding Mobility and Absence in Family Life*. New York: Routledge.
- Bolzman, C., Fibbi, R., and Vial, M. (2006). 'What to Do After Retirement? Elderly Migrants and the Question of Return', *Journal of Ethnic and Migration Studies*, Vol. 32(8), pp. 1359-75.
- Bolzman, C., Poncioni-Derigo, R., Vial, M., and Fibbi, R. (2004). 'Older Labour Migrants' Well being in Europe: The Case of Switzerland', *Ageing and Society*, Vol. 24(3), pp. 411-29.
- Bolzman, C. and Vagni, G. (2016). 'Forms of Care Among Native Swiss and Older Migrants from Southern Europe: A Comparison', *Journal of Ethnic and Migration Studies*, Vol. 43(2), pp. 1-20.
- Bordone, V. and de Valk, H. A. G. (2016). 'Intergenerational Support Among Migrant Families in Europe', *European Journal of Ageing*, Vol. 13(3), pp. 1-12.
- Castles, S. and Miller, M. J. (2003). *The Age of Migration: International Population Movements in the Modern World*, (Third Edition), Basingstoke: Palgrave Macmillan.
- Carers UK (2017). 'Help and Advice', [online], Available at: <<https://www.carersuk.org/help-and-advice>> (Accessed 23<sup>rd</sup> February 2017).
- Ciobanu, RO. and Fokkema, T. (2016). 'The Role of Religion in Protecting Older Romanian Migrants from Loneliness', *Journal of Ethnic and Migration Studies*, Vol. 43 Issue 2, pp. 199-217.
- Ciobanu, RO. Fokkema, T. and Nedelcu, M. (2016). 'Ageing as a Migrant: Vulnerabilities, Agency and Policy Implications', *Journal of Ethnic and Migration Studies*, Vol. 43(2), pp. 1-18.
- Cook, I. G. and Halsall, J. P. (2012) *Aging in Comparative Perspective: Processes and Policies*, New York: Springer.

Formatted: German (Germany)

Cook, I. G., Halsall, J. P. and Wankhade, P. (2015). *Sociability, Social Capital, and Community Development: An International Health Perspective*, New York: Springer.

Cook, I. G., Halsall, J. P. and Powell, J. L. (2010). 'Comparative Aging and Qualitative Understanding', *Qualitative Sociology Review*, Vol. VI(1), pp. 48-59.

Chiu, S. and Yu, S. (2001). 'An Excess of Culture: The Myth of Shared Care in the Chinese Community in Britain', *Ageing and Society*, Vol. 21(6), pp. 681-99.

Department of Health (2008). 'Transforming Social Care, Local Authority Circular [online]', Available at: <http://www.cpa.org.uk/cpa/Transforming%20social%20care%20DH.pdf> (Accessed 14<sup>th</sup> February 2017).

Department of Health (2006). 'Analysis of General Household Survey [online]', Available at: <https://discover.ukdataservice.ac.uk/catalogue/?sn=5804> (Accessed 14<sup>th</sup> February 2017).

Fokkema, T. and Naderi, R. (2013). 'Differences in Late-Life Loneliness: A Comparison Between Turkish and Native-Born Older Adults in Germany', *European Journal of Ageing*, Vol. 10(4), pp. 289-300.

Giebel, C., Challis, D., Worden, A., Jolley, D., Bhui, K. S., Lambat, A. and Purandare, N. (2016). 'Perceptions of Self-Defined Memory Problems Vary in South Asian Minority Older People Who Consult a GP and Those Who Do Not: A Mixed-Method Pilot Study', *International Journal of Geriatric Psychiatry*, Vol. 31(4), pp. 375-83.

Hickman, M., Crowley, H. and Mai, N. (2008). *Immigration and Social Cohesion in the UK: The Rhythms and Realities of Everyday Life*, York: The Joseph Rowntree Foundation.

Horn, V. (2016). 'Cross-Border Mobility and Long-Distance Communication as Modes of Care Circulation: Insights from the Peruvian 'Zero Generation'', *Journal of Ethnic and Migration Studies*, Vol. 43(2), pp. 1-18.

HM Government. (2007). 'Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care [online]', Available at: [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_081119.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081119.pdf) (Accessed 14<sup>th</sup> February 2017).

Ip, D., Lui, C. W. and Chui, W. H. (2007). 'Veiled Entrapment: A Study of Social Isolation of Older Chinese Migrants in Brisbane, Queensland', *Ageing and Society*, Vol. 27(5), pp. 719-38.

Karl, U., Ramos, A. C. and Kühn, B. (2016). 'Older Migrants in Luxembourg – Care Preferences for Old Age Between Family and Professional Services', *Journal of Ethnic and Migration Studies*, Vol. 43(2), pp. 1-17.

Kaufmann, E. (2014). 'It's the Demography, Stupid': Ethnic Change and Opposition to Immigration', *The Political Quarterly*, Vol. 85(3), pp. 267-76.

Kings Fund. (2017) 'Long-Term Conditions and Multi-Morbidity [online]', Available at: <https://www.kingsfund.org.uk/time-to-think-differently/trends/disease-and-disability/long-term-conditions-multi-morbidity> (Accessed 14<sup>th</sup> February 2017).

Lancashire County Council (2016). 'Overview [online]', Available at: <<http://www.lancashire.gov.uk/lancashire-insight/health-and-care/overview.aspx>> (Accessed 14<sup>th</sup> February 2017).

Lievesley, N. (2010) *The Future Ageing of the Ethnic Minority Population of England and Wales*, London, Runnymede and the Centre for Policy on Ageing.

Li, S., Hatzidimitriadou, E. and Psinos, M. (2014). 'Tangled Wires in the Head': Older Migrant Chinese's Perception of Mental Illness in Britain', *Journal of Aging Studies*, Vol. 30(1), pp. 73-86.

Liversage, A. and Mizrahi Mirdal, G. (2016). 'Growing Old in Exile – A Longitudinal Study of Migrant Women from Turkey', *Journal of Ethnic and Migration Studies*, Vol. 43(2), pp. 1-16.

Lulle, A. and King, R. (2016). 'Ageing Well: The Time-Spaces of Possibility for Older Female Latvian Migrants in the UK', *Social & Cultural Geography*, Vol. 17(3), pp. 444-462.

Mölsä, M., Punamäki, R., Saarni, S. I., Tiilikainen, M., Kuittinen, S., and Honkasalo, M. (2014). 'Mental and Somatic Health and Pre- and Post-Migration Factors Among Older Somali Refugees in Finland', *Transcultural Psychiatry*, Vol. 51(4), pp. 499-525.

Office for National Statistics. (2011). '2011 Census [online]', Available at: <<https://www.ons.gov.uk/census/2011census>> (Accessed 14<sup>th</sup> February 2017).

Owens, A. and Randhawa, G. (2004). 'It's Different from My Culture; They're Very Different': Providing Community-Based 'Culturally Competent' Palliative Care for South Asian People in the UK', *Health & Social Care in the Community*, Vol. 12(5), pp. 414-21.

Palmberger, M. (2016). 'Social Ties and Embeddedness in Old Age: Older Turkish Labour Migrants in Vienna', *Journal of Ethnic and Migration Studies*, Vol. 43(2), pp. 235-249.

Patzelt, A. (2016). 'A Totally New World has been Opening Up for Me' – Experiences of Older German Migrants Who Are Actively Involved in the German-Speaking Community in Ottawa, Canada', *Journal of Ethnic and Migration Studies*, Vol. 43(2), pp. 1-17.

Payne, S. A., Seymour, J. E., Chapman, A. and Holloway, M. (2008). 'Older Chinese People's Views on Food: Implications for Supportive Cancer Care', *Ethnicity & Health*, Vol. 13(5), pp. 497-514.

Smith, J. (2008). 'Towards Consensus? Centre-Right Parties and Immigration Policy in the UK and Ireland', *Journal of European Public Policy*, Vol. 15(3), pp. 415-31.

Startin, N. (2015). 'Have We Reached a Tipping Point? The Mainstreaming of Euroscepticism in the UK', *International Political Science Review*, Vol. 36(3) pp. 311-23.

Stevenson, J. and Rao, M. (2014). *Explaining Levels of Wellbeing in BME Populations in England*, London: University of East London.

Torres, S. (2006). 'Elderly Immigrants in Sweden: 'Otherness' Under Construction', *Journal of Ethnic and Migration Studies*, Vol. 32(8), pp. 1341-1358.

Trotter, R. (2012). 'Over-Looked Communities, Over-Due Change: How Services Can Better Support BME Disabled People [online]', Available at:

<http://www.scopus.org/Scope/media/Images/Publication%20Directory/Over-looked-communities-over-due-change.pdf?ext=.pdf>>(Accessed 14<sup>th</sup> February 2017).

Victor, C. R., Burholt, V. and Martin, W. (2012). 'Loneliness and Ethnic Minority Elders in Great Britain: An Exploratory Study', *Journal of Cross-Cultural Gerontology*, Vol. 27(1), pp. 65-78.

Victor, C. R., Martin, W. and Zubair, M. (2011). 'Families and Caring Amongst Older People in South Asian Communities in the UK: A Pilot Study', *European Journal of Social Work*, Vol. 15(1), pp. 81-96.

Warnes, A. M., Friedrich, K., Kellaher, L. and Torres, S. (2004). 'The Diversity and Welfare of Older Migrants in Europe', *Ageing and Society*, Vol. 24(3), pp. 307-26.

Willis, R., Khambhaita, P., Pathak, P. and Evandrou, M. (2015). 'Satisfaction with Social Care Services Among South Asian and White British Older People: The Need to Understand the System', *Ageing and Society*, Vol. 36(7), pp. 1364-87.

Zickgraf, C. (2016). 'Transnational Ageing and the 'Zero Generation': The Role of Moroccan Migrants' Parents in Care Circulation', *Journal of Ethnic and Migration Studies*, Vol. 43(2), pp. 1-17.

Zubair, M. and Norris, M. (2015). 'Perspectives on Ageing, Later Life and Ethnicity: Ageing Research in Ethnic Minority Contexts', *Ageing and Society*, Vol. 35(5), pp. 897-916.